CHILD SUPPORT PAID FORM
2019-2020

Student Name__________________________________________Student ID____________________

You have indicated on your FAFSA that you and/or your spouse (independent student) or your parent(s) (dependent student) paid child support during the calendar year 2017. Please complete this form and provide the relevant signatures. If further documentation is required, you will be notified.

**************************************************************************
1) Children for whom child support was paid:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Child’s Name</th>
<th>Age</th>
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</table>

2) Name of person(s) who paid the child support ____________________________________________

3) Name of person to whom child support was paid ____________________________________________

4) Total amount child support paid for all children during 2017 $______________________________

**************************************************************************

The person(s) listed above in 2) must sign below certifying that the information on this form is accurate.

Student ____________________________ Date __________

Student’s Spouse ____________________________ Date __________

Student’s Parent ____________________________ Date __________

Rev 12/12